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Approved for use through 10/31/2002. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	023987.43009
First Inventor	Hodes, Mark B.
Title	Method and Apparatus for Point of Sale Activated Delivery of Prod
Express Mail Label No.	EK716354209US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

 Assistant Commissioner for Patents
 Box Patent Application
 Washington, D.C. 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total]
5. Oath or Declaration [Total Pages]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner _____

Group / Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

Name	Susan B. Fentress				
	Butler, Snow, O'Mara, Stevens & Cannada, PLLC				
Address	P.O. Box 171443				
City	Memphis	State	Tennessee	Zip Code	38187
Country	USA	Telephone	(901) 680-7319	Fax	(901) 680-7201

Name (Print/Type) Susan B. Fentress

Registration No. (Attorney/Agent)

31,327

Signature

Susan B. Fentress

Date

10-26-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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10/06/1891

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PTO/SB/17 (XX-XX)
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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number		
		Filing Date		
		First Named Inventor	Hodes, Mark B.	
		Examiner Name		
		Group Art Unit		
TOTAL AMOUNT OF PAYMENT		\$2,130.00	Attorney Docket No.	023987.43009

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																							
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-0858 Deposit Account Name: Butler, Snow et al. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR § 1.27		3. ADDITIONAL FEES																																																																																																																																																																																																																																																																																																							
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106	330	206	165	Design filing fee																																																																																																																																																																																																																																																																																																					
107	510	207	255	Plant filing fee																																																																																																																																																																																																																																																																																																					
108	740	208	370	Reissue filing fee																																																																																																																																																																																																																																																																																																					
114	160	214	80	Provisional filing fee																																																																																																																																																																																																																																																																																																					
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Susan B. Fentress	Registration No. (Attorney/Agent)	31,327
Signature	<i>Susan B. Fentress</i>	Telephone	(901) 680-7319
		Date	10-26-01

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